

# **PREZISTA (darunavir)**

**Pharmaceutical Company** Johnson & Johnson Patient Assistant Program

**Program Name** Johnson & Johnson Patient Assistance Foundation, Inc.  
Patient Assistance Program

**Program Address** Johnson & Johnson Patient Assistance Foundation, Inc.  
Patient Assistance Program  
P.O. Box 221857  
Charlotte, NC 28222-1857

**Phone Number** (800) 652-6227

**Fax Number** (888) 526-5168

**Website** <http://www.jjpaf.org/resources/index.html>

## **Eligibility Guidelines**

The patient must not have public or private prescription drug coverage and reside in the US. Income limit is **200% FPL**. If the patient is over the 200% limit, call and screen patient anyway. A 30 day supply of medication can be mailed to the prescribing physician's office or the patient can be mailed a pharmacy card that can be used at any pharmacy.

### **To apply for assistance, mail or fax the following items:**

1. Complete Patient Page
2. Complete Products to be Distributed Page
3. Complete Physician Page
4. Signed Patient Declaration and Authorization Page
5. Copy of Patient's most recent federal tax return (when box is checked)

### **Fax completed Enrollment form and documents to:**

**Johnson & Johnson Patient Assistant Program (888) 526-5168**

**OR**

### **Mail to:**

Johnson & Johnson Patient Assistance Foundation, Inc.  
Patient Assistance Program  
P.O. Box 221857  
Charlotte, NC 28222-1857

**If a rush is needed, it will not be available.**